



Quality

IHCP 2019
Annual Seminar


CareSource[®]

AGENDA



Section 1: CareSource and Quality

Section 2: Quality of Care

Section 3: Performance Outcomes

Section 4: Improvement Strategies

Wrap-up: Question and Answer



- History
- Overview
- Requirements
- Structure
- Standards
- QOC Definitions
- Monitoring
- HEDIS® 101
- Data Collection
- Priority Measures
- CAHPS®
- Available Resources
- Initiatives
- Incentives
- Opportunities





Our **MISSION:**

To make a lasting difference in our members' lives by improving their health and well-being.



Our **JOURNEY**

- **1989:** The Dayton Area Health Plan is launched in Montgomery County, OH.
- **2000 - 2002:** CareSource is established through a name change and becomes the largest Medicaid Managed Care plan in Ohio under direction of founder and former CEO, Pam Morris.
- **2014 - 2015:** While celebrating the 25th year anniversary and one-million member mark, CareSource enters Indiana and Kentucky with Health Exchange Marketplace plan.
- **2016 - 2017:** CareSource begins serving Medicaid members in Indiana and Georgia and brings additional Life Services benefit to members.
- **Today:** Non-profit, member-centric company serving over 1.8 million members in Ohio, Indiana, Kentucky, Georgia, and West Virginia under leadership of CEO, Erhardt Preitauer.



Quality Program

Overview

Monitor, evaluate and take action to improve member experience and health outcomes

Quality of Care

Across systems of care, to ensure quality compliance and appropriateness of care

Performance Outcomes

Evaluate effectiveness of clinical care

Improvement Strategies

Measurable initiatives that optimize health plan performance



Program Requirements

- Accredited by National Committee for Quality Assurance (NCQA)
- Annual completion of HEDIS®
- Annual completion of Member Satisfaction Survey (CAHPS®)
- Compliance with EPSDT Health Watch
- Annual Provider Project
- Annual Work Plan including identified Quality Improvement Projects
- Participation in External Quality Review



Quality Improvement & Management Program

- Annual updates available to all providers via website or hard copy
- Aligned with state and federal requirements
- Oversight conducted by our Medical Director
- Input from a cross-functional Quality Committee
- Active involvement from Pharmacy Director
- Annual evaluation is conducted to determine overall effectiveness in meeting outlined activities

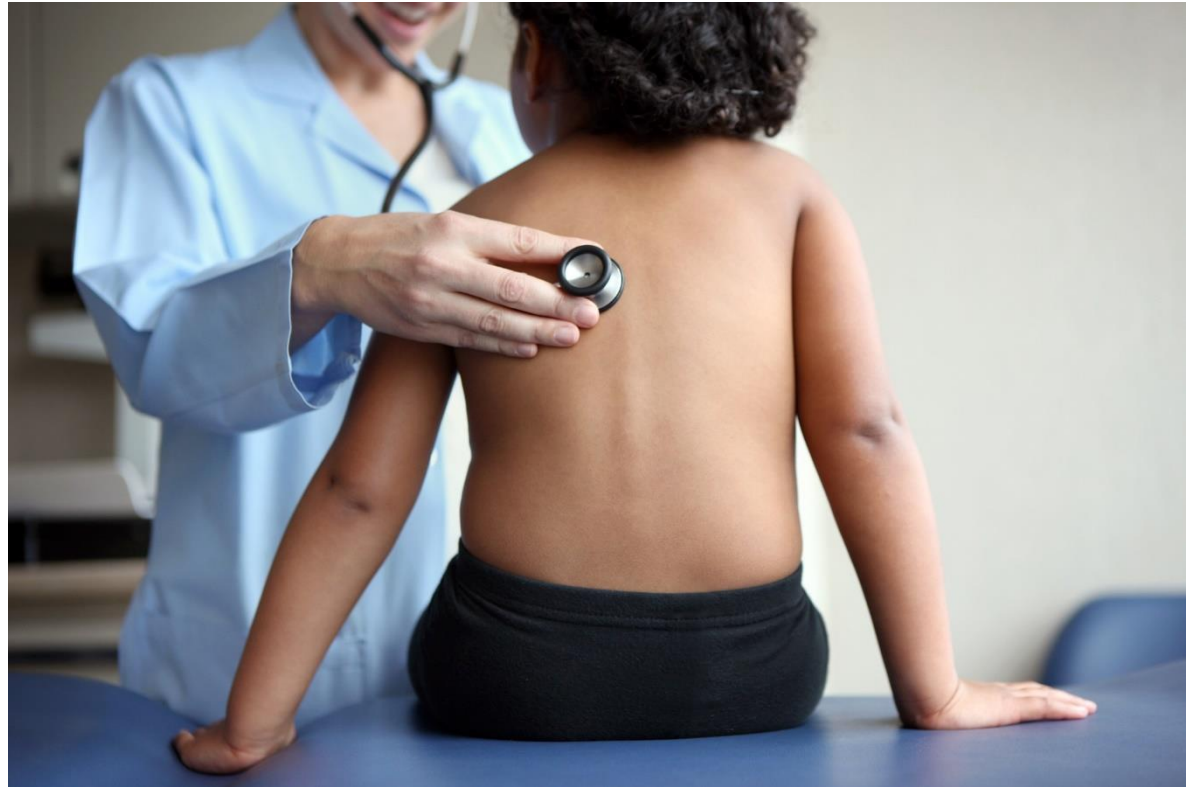


Quality Structure

Everyone has a place to fit and a part to play.



Quality of Care



Quality of Care

Potential Concerns

- Any issue or event that has the potential to impact the delivery of evidence-based quality care to members
- Inappropriate, inconsistent or delays in care which compromises the member's health/safety or limits their abilities
- Any issue or event that has the potential to impact the delivery of quality services to members
- Failure to provide a service (transportation, handicap access, etc.) which impedes a member's safety



QUALITY OF CARE (QOC) REVIEW PROCESS



QOC identified by grievances or internal processes



Case forwarded to Medical Director for review



Case is assigned a severity level by Medical Director or sent for peer review



**For cases deemed level 0 – 1B, no further action recommended.
Providers with 1C cases will be monitored.**



**Cases deemed ≥ 2 will be brought to the Provider Advisory Committee (PAC) for determination.
Provider input will also be obtained**

Quality of Care

Severity Level

LEVEL	DESCRIPTION OF SEVERITY LEVEL	PEER REVIEW
0	QOC meets generally accepted standard in the community; associated member risk and clinical outcome are within the expected norms	No
1A	QOC meets standard; adverse clinical outcome and associated member risk occurred through no fault of physician, physician staff or facility caregivers	No
1B	QOC and/or member risk are indeterminate based on the information provided; no identifiable adverse outcomes, complication or other untoward consequence identified	No
1C	QOC and/or member risk indeterminate based on the information provided; adverse outcome, complication, or other untoward consequence are identified and mild in nature	No



Quality of Care

Severity Level

LEVEL	DESCRIPTION OF SEVERITY LEVEL	PEER REVIEW
2A	QOC is substandard as compared to generally accepted norms in the community exposing the patient to mildly increased and avoidable medical risk; no specific adverse outcome, complication, or untoward consequence is identified	Yes
2B	QOC is substandard, exposing the patient to mildly increased and avoidable medical risk; an adverse outcome, complication, or untoward consequence is noted which is mild in severity	Yes
2C	QOC is substandard, exposing the member to moderately increased risk; an adverse outcome, complication, or untoward consequence noted which is moderate in severity	Yes
3	QOC was substandard, exposing member to moderately to severe increased risk resulting in adverse outcomes, complication, untoward consequence and/or death	Yes



Indiana Provider

Advisory Committee

Quarterly meetings to ensure *input* and *involvement* from our network.

Assist with decisions related to:

Policy development

Clinical practice guidelines

Quality of care concerns

Clinical performance

Preventive health

**Continuity and coordination
of care**

Access & Availability

Primary care access standards

- After hours access
- Routine care within 30 days
- Urgent care in 48 hours

Behavioral Health

- Routine care within 10 days
- Urgent care within 48 hours
- Non-threatening emergencies within 6 hours
- Time between first and follow-up appointment within 30 days

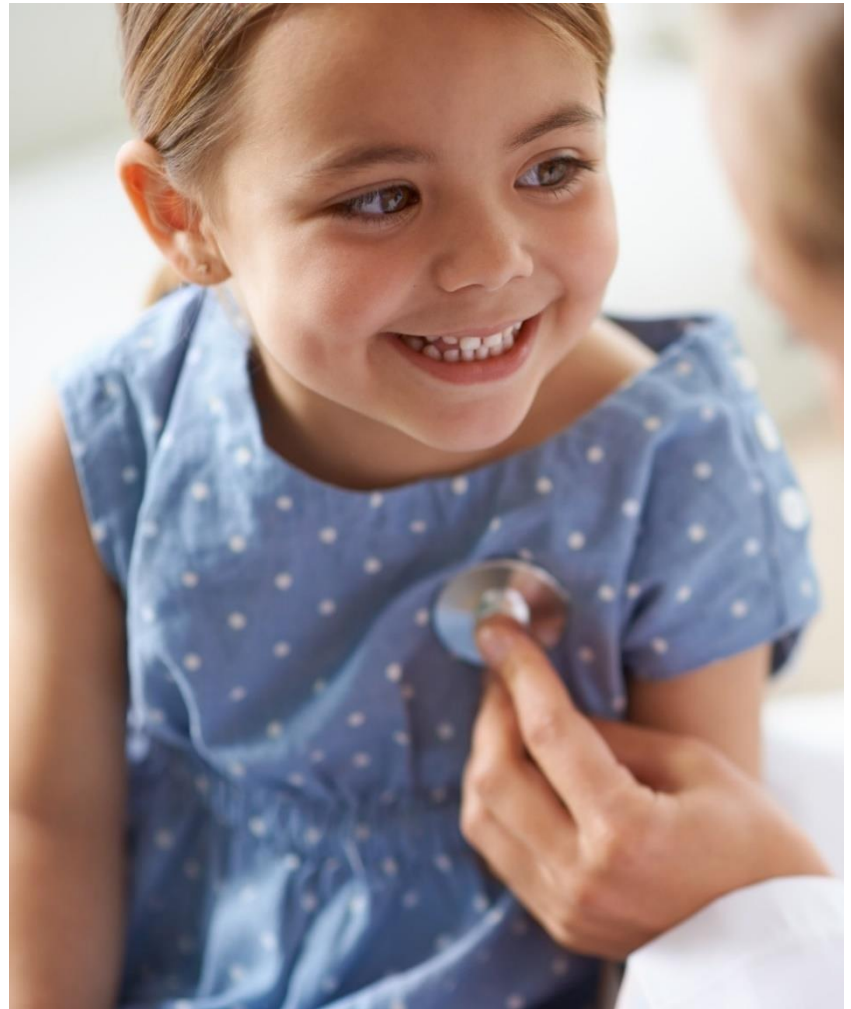




Clinical Priorities

- Access to care
- Asthma
- Behavioral health and physical health care coordination
- Early and Periodic Screening, Diagnosis and Treatment (EPDST) services
- HIV and Hepatitis C
- Inpatient and emergency department follow-up & utilization
- Integrated medical and behavioral health utilization
- Lead testing in children
- Obesity
- Prenatal & postpartum care
- Smoking cessation, especially for pregnant women
- Special needs care coordination and utilization
- Timely follow-up and notification of results from preventive care

Performance Outcomes



HEDIS Measures

- The Healthcare Effectiveness Data and Information Set (HEDIS®) includes 90+ measures (in its entirety) across the following domains of care:

Effectiveness of Care	Access/Availability of Care	Experience of Care
Utilization and Risk Adjusted Utilization	Health Plan Descriptive Information	Collection Using Electronic Clinical Data Systems

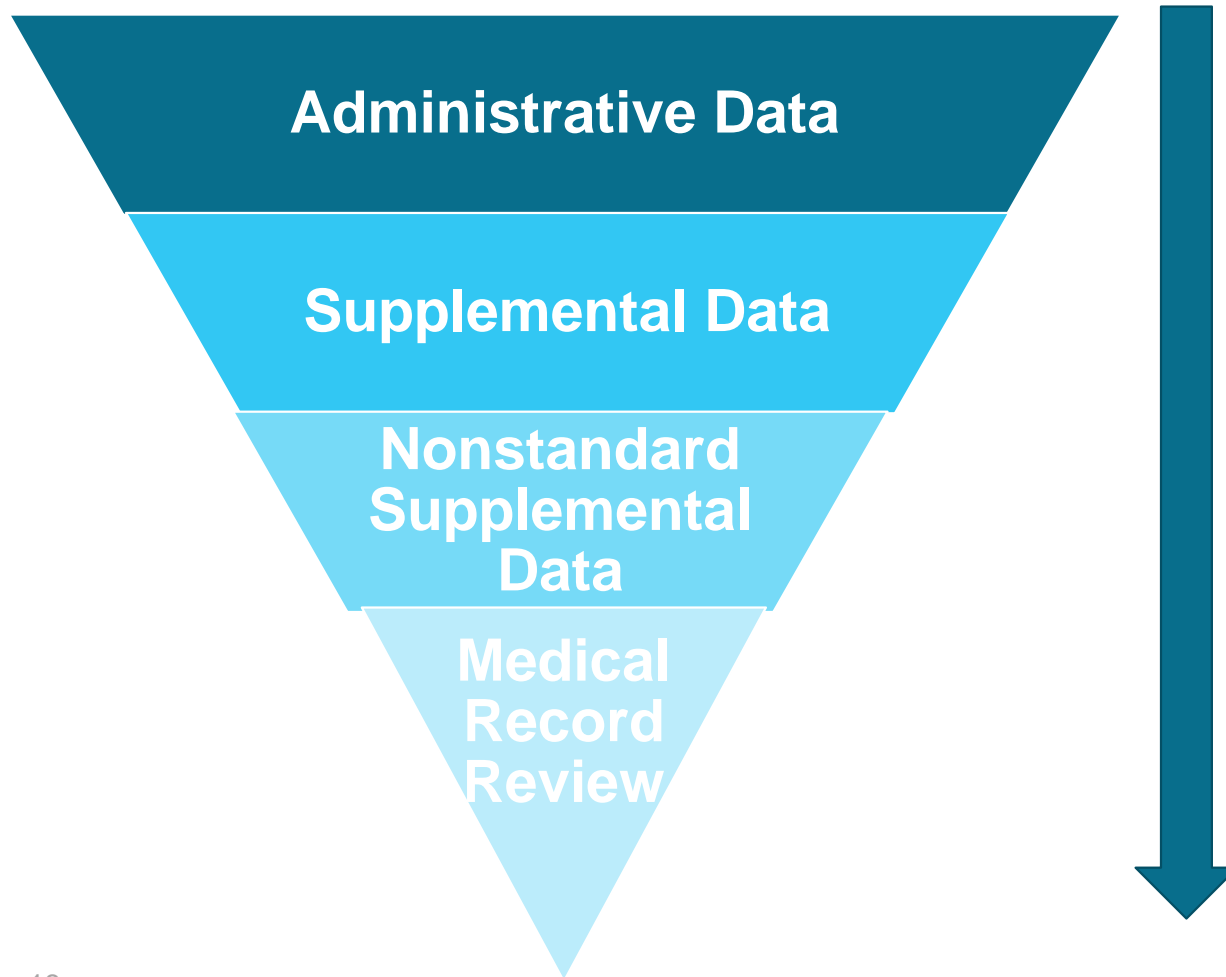
- CareSource monitors and reports 30+ measures (some with multiple specifications and associated results) for Medicaid. These measures can be described as Administrative or Hybrid dependent upon their allowable collection methods.
 - Administrative** measure results will derive from claims and/or supplemental data *only*.
 - Hybrid** measures are collected through claims, supplemental data, and also *medical record collection* and review if not found compliant prior. We will report these measure's administrative rates throughout the year until record collection in the following spring.
 - Sample groups** of 411 members per measure (when available) are chosen randomly for annual submission of rates to NCQA and State of Indiana.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

MEASURE INFORMATION FOUND AT <https://www.ncqa.org/hedis/measures/>



HEDIS Data Collection



- HEDIS® Data for measures will pass through and gather in these buckets as it becomes compliant.
- If NOT yet compliant at end of year and part of the HEDIS sample the chart will need retrieved for review.



Administrative Data

Administrative Data comes directly from claims information.

- Appropriate use of CPT (II) and diagnosis codes is a pivotal portion of ensuring HEDIS® measures are found compliant which stops the need for gathering supplemental data or the medical record for review.
- Compliance for HEDIS® specifications of measures through claims data holds additional importance as it allows for appropriate reporting throughout the year of administrative rates.



Supplemental Data

Supplemental Data can come from various locations, including: Provider EMR and Indiana Health Information Exchange (IHIE).

- This supply of information can be viewed as the last step prior to physical record collection and holds tremendous importance in shaping quality initiatives and annual quality assessments.
 - The data CareSource has 'on hand' throughout the year is reported to the State of Indiana and impacts daily decision making.
- This access and supply of this supplemental data is also useful in allowing for collaboration and guidance on any measures that are being missed and could have simple fixes, such as documentation.



Non-Standard Supplemental Data

Non-Standard Supplemental Data will be gathered from annual quality reviews of member files (outside of 'HEDIS® season').

- Example: CareSource will be collecting member files related to Childhood Immunization Status (CIS) and Immunizations of Adolescents (IMA) to complete annual quality reviews to ensure ALL information is collected as rates are currently low.
 - Other annual quality reviews are scheduled for 2019 in select measures where rates are low, but CareSource believes appropriate care and service is being provided and simply not being reflected in claims or other data collection methods.
 - Information gathered will be condensed and included in HEDIS® submission with hopes of reducing chart collection in season.



Medical Record Review

This information comes directly from the patient's medical record.

- This collection and review is completed during “HEDIS® Season” which occurs in February through the first week of May of the following year.
 - Example: 2018 measurement year was collected spring of 2019
- This step is the last point for which appropriate care and compliance status can be shown for a member (specifically included in our sample group) for NCQA and State submission.

Moving forward our goal is to reduce the number of members who make it to record collection.



2019 Medical Record Collection

For 2018 Measurement Year

16,000+ charts were slated for collection across all Lines of Business (LOB).

- **Successes:**

- Increased successful record collection by over 10%; improving rates for multiple measures
- Collaborated directly with Provider offices for successful record collection
- Training provided to offices on measure specifics for appropriate chart information pulling

- **Lessons learned:**

- Further collaboration needed with Providers to reduce number of chart chases through robust coding of claims and supplemental data collection
- HEDIS® measure specifications training for Provider office staff pulling records could be extremely beneficial in increasing rates by providing needed information.
- Increased accuracy in provider information and office location needed



Performance Outcomes

	Hoosier Healthwise	Healthy Indiana Plan
Well child visits six or more for children 0-15 months	X	
Annual well child visit for children 3-6 years	X	
Annual well care visit for adolescents 12-21 years	X	
Lead testing in children* First test between 9 – 12 months Second test at 24 months	X	
Asthma medication management 75% compliance 5-11 years	X	



Performance Outcomes

	Hoosier Healthwise	Healthy Indiana Plan
Adult preventive care *		X
Health Needs Screening for new members within 90 days of enrollment	X	X
Emergency Department visits	X	X
Follow up after hospitalization for mental illness within 7 days of discharge	X	X

*Cervical cancer screenings, breast cancer screenings, colorectal cancer screening, controlling high blood pressure, etc.



Performance Outcomes

	Hoosier Healthwise	Healthy Indiana Plan
Timeliness of prenatal care prior to 14 weeks or within 42 days of enrollment	X	X
Postpartum care between 21-56 days after delivery		X



Additional Priority Measures

Preventative

- Documented BMI percentile for Adult and Pediatric
 - ABA – Members 18-74 years of age
 - WCC – Members 3-17 years of age
- Immunizations
 - Child Immunization Status (CIS) – Vaccinations by 2nd birthday
 - Immunizations for Adolescents (IMA) – Vaccinations by 13th birthday
- Chronic Diseases
 - Examples: Comprehensive Diabetes Care (CDC) and Controlling High Blood Pressure (CBP)
- Cancer Screenings
 - Breast (BSC) – *Women 50-74 years of age*
 - Colorectal (COL) – *All members 50-75 years of age*
 - Cervical (CCS) – *Women 21-64 years of age*



Additional Priority Measures

Patient Safety & Medication Adherence

- **Adult**

- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)
 - Monitoring a significant increase from 2017 to 2018, especially in Urgent Care settings
- Use of Imaging Studies for Low Back Pain (LBP)

- **Pediatric**

- Appropriate Testing for Children With Pharyngitis (CWP)
- Appropriate Treatment for Children With Upper Respiratory Infection (URI)

- Various HEDIS® measures address medication adherence and Primary Medical Provider's annual monitoring of those who are prescribed.

- Examples: Asthma, Hypertension, Diabetes, Schizophrenia, etc.

- *“Among patients with chronic illness, approximately 50% do not take medications as prescribed. (Brown & Bussell, 2011)”*



HEDIS & CAHPS

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey measures the health plan member's experience with providers and their plan. A few of the highlighted ratings and questions are listed below:
 - Rating of All Health Care (1 – 10 scale)
 - Rating of Personal Doctor (1 – 10 scale)
 - Rating of Specialist Seen Most Often (1 – 10 scale)
 - Rating of Health Plan (1 – 10 scale)
 - Getting Needed Care (Never through Always scale)
 - Getting Care Quickly (Never through Always scale)
 - How Well Doctors Communicate (Never through Always scale)
 - Shared Decision Making (Yes or No)
 - Advising Smokers and Tobacco Users to Quit (Yes or No)
 - Flu Vaccinations (Received: Yes or No)

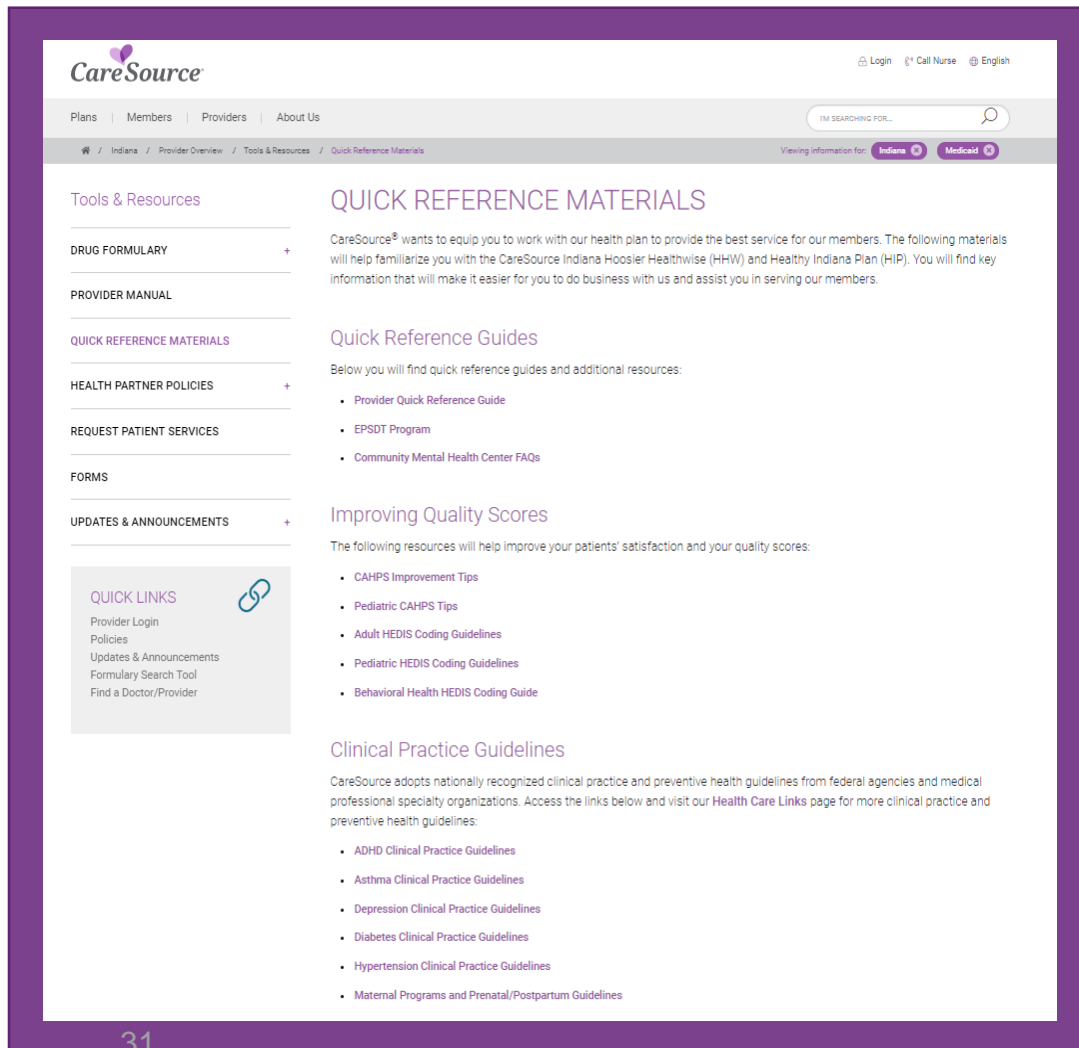
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Improvement Strategies



Quality Improvement Resources



CareSource

Plans | Members | Providers | About Us

Log in | Call Nurse | English

IM SEARCHING FOR...

Viewing information for: Indiana Medicaid

Tools & Resources

- DRUG FORMULARY
- PROVIDER MANUAL
- QUICK REFERENCE MATERIALS**
- HEALTH PARTNER POLICIES
- REQUEST PATIENT SERVICES
- FORMS
- UPDATES & ANNOUNCEMENTS

QUICK LINKS

- Provider Login
- Policies
- Updates & Announcements
- Formulary Search Tool
- Find a Doctor/Provider

QUICK REFERENCE MATERIALS

CareSource® wants to equip you to work with our health plan to provide the best service for our members. The following materials will help familiarize you with the CareSource Indiana Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP). You will find key information that will make it easier for you to do business with us and assist you in serving our members.

Quick Reference Guides

Below you will find quick reference guides and additional resources:

- Provider Quick Reference Guide
- EPSDT Program
- Community Mental Health Center FAQs

Improving Quality Scores

The following resources will help improve your patients' satisfaction and your quality scores:

- CAHPS Improvement Tips
- Pediatric CAHPS Tips
- Adult HEDIS Coding Guidelines
- Pediatric HEDIS Coding Guidelines
- Behavioral Health HEDIS Coding Guide

Clinical Practice Guidelines

CareSource adopts nationally recognized clinical practice and preventive health guidelines from federal agencies and medical professional specialty organizations. Access the links below and visit our [Health Care Links](#) page for more clinical practice and preventive health guidelines:

- ADHD Clinical Practice Guidelines
- Asthma Clinical Practice Guidelines
- Depression Clinical Practice Guidelines
- Diabetes Clinical Practice Guidelines
- Hypertension Clinical Practice Guidelines
- Maternal Programs and Prenatal/Postpartum Guidelines

- HEDIS® Coding Guidelines
 - Adult
 - Pediatric
 - Behavioral Health
- CAHPS® Improvement Tips
 - General
 - Pediatric
- Clinical Practice Guidelines
- **Available at:**
<https://www.caresource.com/in/providers/tools-resources/quick-reference-materials/medicaid/>



Improving Quality Tips

Examples

Well-Child/Care Visits

W15 - 6+ visits prior to 15 months

W34 - 3-6 year old annual well-visit

AWC - 12-21 year old annual check

- In the event the member/patient comes into PMP office for a sick visit; use this opportunity to complete a full preventative visit.
- **Make sure to use the correct CPT and ICD Coding for appropriate reimbursement and HEDIS compliance.**

**If not feasible at the time; make sure to schedule their annual visit at least two full weeks after sick visit.*

Comprehensive Diabetes Care (CDC)

- **HbA1c Testing**
 - Complete labs yearly (in office, if possible). Provide thorough education and keep results in their file.
- **Eye Exam**
 - Help members make an eye appointment and track referral and results in file.
- **Nephropathy**
 - Assist member in understanding and making necessary appointment. Track referral and results in their file.



Maternal Child Health

Outcomes Team

PRIORITY

Improve health outcomes by educating and outreaching to providers and community partners, backed by data from statistics from the maternal child population of Indiana.

FOCUS

Improving health outcomes for women planning to become pregnant, pregnant women and children from birth to age 6.

MCH

Responsibilities

- Develop initiatives, programs and tools to improve the maternal child health outcomes:
 - Blood Lead Testing
 - Notification of Pregnancy
- Identify and create partnerships with community agencies and resources
- Invite community partners to participate in Community Fairs dedicated to supporting mothers, fathers, and pregnant women
- Create and coordinate other regionally-based health fairs
- Disseminate community resource information to the CareSource Care Management team members



Community Health Liaisons



PRIORITY

Improve health outcomes by educating and collaborating with provider partners towards improving preventative, safety, and priority measures.


CareSource™

CHL Responsibilities

- Develop initiatives, programs and tools to improve health outcomes:
 - Providing Gaps in Care
 - Educating and encouraging utilization of the Provider Portal
- Identify and create partnerships with individual practices and large provider systems

Clinical Practice Registry

Clinical Practice Registry

The goal of the Humana - CareSource Clinical Practice Registry is to provide actionable preventive health service data for Humana - CareSource members. The information provided is intended to encourage practices to contact members for preventive visits, flag charts for needed services, or to simply create awareness of the member's need for an intervention.

Clinical Practice Registry Definitions

Last Update: 05/25/2017

Legend	
Green	Service Rendered
Yellow	Service Needed
Red	Service Past Due
Gray	Service N/A

Providers:

Filters

Select State	Select Plans	Select Measures	Select Criteria	Select Patient Status	Select Enrollment Status
All	All	All	All	All	All
Kentucky	Medicaid	Adult Access	Red	Established	Continuous
		Data Blockers	Yellow	New	Recent

Page(s): 1

Record(s): 4

Member Name	Member ID	DOB	Sex	State	Plan	LOB	Adult Access	Data Blockers	Breast Cancer	Cervical Cancer	Colorectal Cancer	Chlamydia	Eye Exam	A1C	Kidney Function	ER	Lead	Well Visit		
																		# of Visits	DOB	Well Care
																		2	12/9/2016	
																		3	4/13/2017	
																		2	3/6/2017	

Record(s): 4

Member Events

Member Events

- Learn important health information from CareSource and community resources
- Food, fun and free giveaways
- All are welcome, the more the merrier

CareSource Days

- Collaborate with provider offices to dedicate resources, on a chosen day, to close gaps in care
- Members are rewarded when a gap in care is closed
- Currently partnering with Indiana Health Centers and Healthlinc



Rewarding Healthy Choices

Rewards available for Preventative Care

Babies First

Up to **\$200** per pregnancy

**Prenatal & Postpartum visits, well-baby visits, lead screening*

Kids First

Up to **\$50** per member per year

**Well-child visits, immunizations, ADHD follow-up, etc.*

MyHealth Rewards

Up to **\$50** per member per year

**Well-care visits, screenings, MyHealth Journeys, etc.*

Expanded incentives for Healthy Indiana Plan enrollee participation:

CHRONIC DISEASE MANAGEMENT

Up to **\$200** per member per year

TOBACCO CESSATION

Up to **\$200** per member per year

SUBSTANCE USE DISORDER INTENSIVE OUTPATIENT THERAPY

Up to **\$100** per member per year

**Please note the total incentive dollar amount will not exceed
\$300 per year for members participating in multiple initiative
programs.*



Opportunities

Continuity and Coordination of Medical Care

IMPROVE

Primary Medical Provider (PMP) and Specialist responses regarding coordination of care during the patient referral process

INCREASE

Communication between PMP and ophthalmology for diabetic retinal eye exams

IMPROVE

Primary Medical Provider (PMP) and Behavioral Health (BH) Provider Coordination and Continuity of Care

IMPROVE

Communication between hospital Emergency Department (ED) staff and PMP to reduce ED bounce backs

IMPROVE

Communication between hospital discharge planners and PMP offices to increase follow-up visits and reduce 30-day readmissions

Providers can earn CMEs

- 6 Provider Education training webinars
- On-demand training on various BH topics



CareSource is excited to invite our Health Partners to view six provider education recordings of our live training webinars! These FREE on-demand educational webinars focus on various behavioral health topics. Learn the causes of each condition, as well as how and when to refer complex patients for specialized treatment.

Those who complete the on-demand training sessions will receive Continuing Medical Education (CME) credits via Wright State University. You must register and complete a post-course evaluation in order to receive CME credits. **Register below!**

Our Series:

MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

Speaker – Dr. Michael Wilson, CareSource Behavioral Health Medical Director

Date/Time – On-Demand

AUTISM SPECTRUM DISORDER

Speaker – Dr. Christina Weston, CareSource Behavioral Health Medical Director

Date/Time – On-Demand

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

Speaker – Dr. Michael Wilson, CareSource Behavioral Health Medical Director

Date/Time – On-Demand

ADVERSITY! THE BRAIN, BEHAVIOR, AND OUR LEARNING

Speaker – Dr. Lori Desautels, Assistant Professor at Butler University

Date/Time – On-Demand

DEPRESSION

Speaker – Dr. Mark Reynolds, CareSource Behavioral Health Medical Director

Date/Time – On-Demand

CULTURAL COMPETENCY WHEN SERVING BURMESE, FOSTER CARE, AND RE-ENTRY COMMUNITIES

Speakers – Naw Eh Phaw, Director of Language Services; LUNA Language Services

Angel R. Knapp, Senior Director; Damar Services

Dr. Cameal Wright, Medical Director, Indiana Market; CareSource

Date/Time – On-Demand

Sign Up: <http://bit.ly/CareSourceINProviderEducationWebinar>
Password: CSWebinars2018!

We look forward to partnering with you on these critical health topics.

Updates & Announcements

Visit the **Updates and Announcements** page located on our website, <https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>, for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements



How to Reach Us

Provider Services	1-844-607-2831
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)
Member Services	1-844-607-2829
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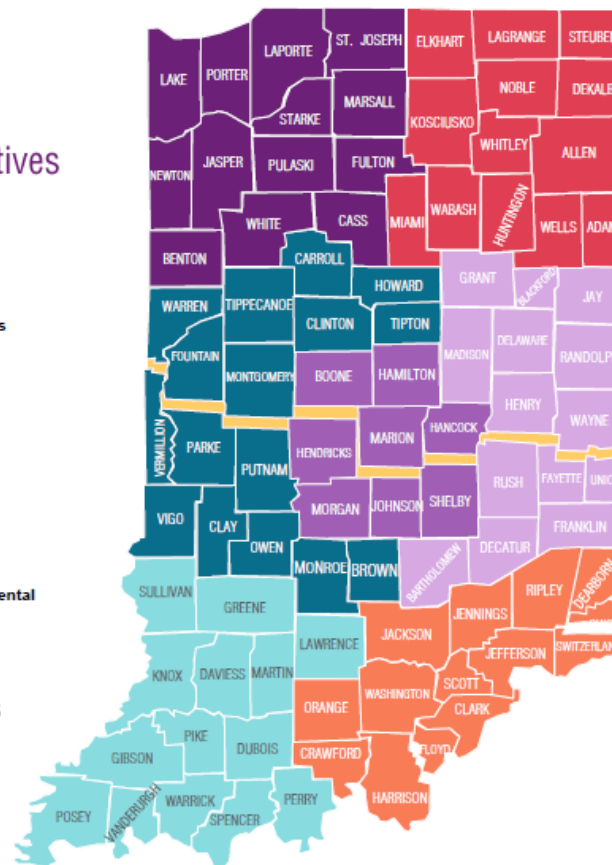
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Thank you!




CareSource[™]

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1011>

